

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Scott Stern	COURT CASE NUMBER	05-30082-MAP
DEFENDANT	Gary Matteson	TYPE OF PROCESS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN [REDACTED] Gary Matteson Apartment No., City, State and ZIP Code [REDACTED] 404 Brattleboro Road Bernardston, MA 01337		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ Scott Stern
 400 West Main St.
 North Adams, Massachusetts 01247

Number of process to be served with this Form - 285

Number of parties to be served in this case

3

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

If unable to serve at the above address then as a last resort serve at: 404 Brattleboro Road Bernardston, Massachusetts (Prefer that this be served at his work address; unknown) 01337

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

7/12/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
 (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 38

District to Serve

No. 58

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Caitlin Stern

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

8/23/05

11:20

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Scott Stern	COURT CASE NUMBER	05-30082 - MAP
DEFENDANT	Mary Jane Stern	TYPE OF PROCESS	Civil

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
AT	Charlene Manor Extended Care Facility (Mary Jane Stern) 130 Colrain Road Greenfield, Massachusetts 01301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
<input type="checkbox"/> Scott Stern 400 West Main St. North Adams, Massachusetts 01247		Number of parties to be served in this case	3
<input type="checkbox"/>		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold May not be at ~~130 Colrain rd~~ 130 Colrain rd then 60 Wells Street Greenfield, MA. If not locatable at these two addresses then as final resort serve at 404 Brattleboro Road Bernardston, MA 01357

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Scott Stern		(413) 320-7769	7/12/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Dina Kamansky Staffing Coordinator			
Address (complete only if different than shown above)			
	Date of Service	Time	(an)
	8/23/05	11:00	pm
	Signature of U.S. Marshal or Deputy		
	<i>[Signature]</i>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
—	—	—	—			

REMARKS: